

Form T-11

Requisition for Cigarette Tax Stamps

| | | | | |
|------------------------------------------------------------------------------------------------------------------------|---------------------------|-------|----------------------------------------|---------------|
| Check one: <input type="checkbox"/> Cash order - Key #12 <input type="checkbox"/> Charge order - Key #58 | Name | | Federal employer identification number | |
| | Address | | Requisition date | |
| | Address 2 | | License number | |
| | City, town or post office | State | ZIP code | Email address |
| | | | | |

**PREPARE THIS ORDER IN DUPLICATE, KEEPING A COPY FOR YOUR FILES.
SUBMIT THE ORIGINAL TO THE DIVISION OF TAXATION AT TIME OF PURCHASE.**

(DO NOT COMBINE ORDERS FOR 20s AND 25s ON SAME FORM)

**UNLESS YOU HAVE ARRANGED CREDIT, ENCLOSE A REMITTANCE FOR
THE TOTAL AMOUNT OF THIS ORDER PAYABLE TO RI DIVISION OF TAXATION.**

Use Form T-11A to requisition cigarette tax stamps for rolling papers.

Please furnish the Cigarette Tax Stamps listed below:

All purchases must be made at the RI Division of Taxation, Cashier's Office

| | | | TAX DIVISION USE ONLY | |
|----------------------------------------------------------------------------------------|----------|-------|-----------------------|---------------|
| DENOMINATIONS | QUANTITY | VALUE | BEGINNING NUMBER | ENDING NUMBER |
| 1 Loose 20s @ \$ 4.50 per stamp | | | | |
| 2 Loose 25s @ \$ 5.625 per stamp | | | | |
| 3 \$ 135,000.00 per roll | | | | |
| 4 Total face value of stamps. Add lines 1, 2 and 3 | | | | |
| 5 1.25% discount. Multiply line 4 by 0.0125..... --- LICENSED DISTRIBUTORS ONLY --- | | | | |
| 6 Net stamp order. Subtract line 5 from line 4..... | | | | |
| 7 Prepaid sales tax @ \$ 26,400.00 per roll x # of rolls | | | | |
| 8 Prepaid sales tax @ \$ 0.88 per stamp x # of stamps | | | | |
| 9 TOTAL VALUE OF ORDER..... | | | | |

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|------------------------------|---------------------------|-------|------------------|
| Authorized officer signature | Print name | Date | Telephone number |
| Paid preparer signature | Print name | Date | Telephone number |
| Paid preparer address | City, town or post office | State | ZIP Code PTIN |

May the Division of Taxation contact your preparer? YES